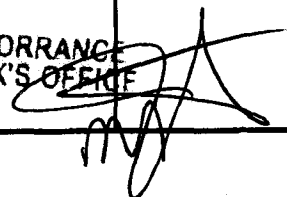


497 Contribution Report

Type or print in ink.
Amounts may be rounded to whole dollars.

497 CONTRIBUTION REPORT

NAME OF FILER Torrance Voters PAC to support Pat Furey for Mayor 2014		Date of This Filing 4-2-14	Date Stamp RECEIVED 2014 APR 21 AM 7:30 CITY OF TORRANCE CITY CLERK'S OFFICE 	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER 310-245-0243	I.D. NUMBER (if applicable) 1363189	Report No. _____		
STREET ADDRESS 3740 Santa Rosalia Dr., Unit 208		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY Los Angeles	STATE CA	ZIP CODE 90008		

1. Contribution(s) Received

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
4-2-14	McCormick Ambulance 13933 Crenshaw Blvd. Hawthorne, CA 90250	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		25,000.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan _____% Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan _____% Provide interest rate

Reason for Amendment: _____

*Contributor Codes

IND - Individual
 COM - Recipient Committee (other than PTY or SCC)
 OTH - Other (e.g., business entity)
 PTY - Political Party
 SCC - Small Contributor Committee

FPPC Form 497 (November/07)
 FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

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